



**Special Projects of National Significance
2005 Report to CARE Act Grantees**

American Indian/Alaska Native Initiative

American Indian and Alaska Native Initiative

Background

By the end of 2000, the CDC had received reports of 2,337 AIDS cases among American Indians and Alaska Natives (AI/AN) in the United States and its territories, about a 25 percent increase over the number of cases reported through 1997. The distribution of reported cases along gender and exposure categories among AI/AN was similar to the distribution observed among other racial and ethnic groups. However, studies indicate higher rates of co-morbidities for HIV such as STIs, mental illness (particularly depression), and chemical dependency, including alcoholism, in the AI/AN communities. Often these co-morbidities are linked to one another and facilitate exposure to as well as progression of HIV disease. Moreover, high rates of urban migration, illiteracy, unemployment and poverty among American Indians contribute to inadequate access to or use of health care. Given the health and social problems experienced by American Indians, providing high-quality HIV care is potentially more challenging in AI/AN communities than in the general population.

In June 2001, the HRSA HIV/AIDS Bureau convened a focus group of leaders in the field of HIV services and the AI/AN community. This group identified the need for services integration and cultural competency as the priority for HIV services for AI/AN communities. Further, initiatives that have sought to integrate HIV care, substance abuse treatment, and mental health treatment and link them to primary care have been shown to decrease morbidity and mortality for all three health issues. The National Native American AIDS Prevention Center identified the following needs (among others) for HIV services:

- The development of culturally-specific HIV education and prevention programs acceptable to local AI/AN

communities.

- The involvement of AI/AN organizations in providing culturally competent case management services.

- The involvement of HIV-positive American Indians and Alaska Natives in leadership and decision making.

- The development of protocols to maintain confidentiality within sparsely populated, rural, tightly-knit communities.
- The provision of opportunities to participate in traditional healing and spiritual ceremonies in addition to Western medicine and pharmaceutical products.
- Overcoming poverty-related issues such as access to pharmaceuticals.
- Creating efficient, integrated networks of referrals and services.

The SPNS AI/AN Initiative was developed to address these needs.

The American Indian / Alaska Native Initiative

The American Indian/Alaska Native Initiative is designed to integrate substance abuse and mental health services with HIV primary health care for American Indian and Alaska Native communities. Six demonstration projects and a technical assistance center comprise this five-year initiative, which began in October 2002 and ends in September 2007. Since AI/AN agencies operate under a Federal policy that promotes self determination for American Indian and Alaska Native peoples, the technical assistance center respects the interests of AI/AN projects to develop culturally appropriate solutions to community, tribal, and village issues and encourages solutions to come from the local level. The role of the center is to provide technical assistance to the six HIV/AIDS care demonstration projects for their local evaluation efforts, to assess local evaluation capabilities, and to disseminate

During the first year of the initiative, time was spent refining the local evaluation and proposed interventions. This included formalizing a logic model and client flow chart delineating how HIV counseling and testing, appropriate access to HIV care, and HIV prevention can be integrated and provided to an AI/AN population already receiving services for HIV infection and/or related co-morbidities of STI's, substance abuse and mental health issues. The aforementioned materials served as the basis for developing IRB protocols and in designing a model based on the distinct cultural values and beliefs of the grantees' target population. Ongoing technical assistance is provided to grantees as they enter the implementation phase and begin data collection and evaluation activities. Various products that will be developed from this initiative include, but are not limited to, a report detailing the challenges of implementing multi-site model evaluation projects across the country, a book entitled,

the findings of the initiative.

'Healing and Mental Health For Native Americans: Speaking in Red', and other reports and dissemination articles from the projects' local evaluation findings.

The target of this initiative includes American Indian and Alaska Natives who are HIV-positive or at risk for HIV infection with co-morbidities of substance abuse (including alcohol), sexually transmitted infections and/or mental illness.

While each project has specific goals and strategies, the overarching theme of this initiative is to integrate an array of services for HIV-positive or at risk American Indian and Alaska Natives, particularly those with co-morbidities as described above, to ultimately improve health of those targeted and prevent the continued spread of HIV within their communities.

Contact Information

Evaluation and Support Center

University of Oklahoma
3200 Marshall Avenue
Norman, OK 73069
www.ou.edu/socialwork/hiv

Morris Foster, PhD, Principal Investigator
E-mail: morris.w.foster-1@ou.edu
Phone: 405-325-0442

HRSA Project Officers

HRSA, Special Projects of National
Significance
5600 Fishers Lane, Rm 7C-07
Rockville, MD 20857

Adan Cajina, MS
E-mail: acajina@hrsa.gov
Phone: 301-443-3180

Sandi Duggan, MA
E-mail: sduggan@hrsa.gov
Phone: 301-443-7874

Sarah Hargrove
E-mail: shargrove@hrsa.gov
Phone: 301-443-0978

Grantees

**The Alaska Native
Tribal
Health Consortium
(Anchorage, AK)**

Healthy Transitions Project

Target Population:

Alaska Natives with
substance abuse (SA)
and/or behavioral health
(BH) problems as well as
those who are released
from the department of
corrections

Goal: To create an
integrated service
network to improve
health and risk screening,
increase HIV-testing
referrals to promote early
detection of HIV, and
increase treatment
referrals for those at
high-risk of HIV

Strategies: 1. Develop a
collaborative relationship
between
multidisciplinary
providers, including
providers of SA/BH
treatment and the Alaska
Department of
Corrections; 2. Conduct
HIV/AIDS training with
SA/BH treatment
providers; 3.
Develop/conduct risk
assessments and make
appropriate referrals for

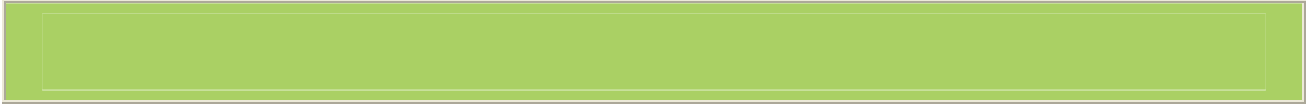
testing or treatment; 4.
Develop/provide
community HIV
education

Evaluation: Evaluation
will focus on the key
goals stated above and is
being accomplished via a
partnership with Alaska
Comprehensive and
Specialized Evaluation
Services at the
University of Alaska

Contact Information:

James E. Berner, MD,
Principal Investigator
4201 Tudor Centre
Drive, Suite 305
Anchorage, AK 99504
E-mail:
jberner@anmc.org
Phone: 907-729-3640

Continued on [page 6](#) ...



THE SPNS MANDATE

The purpose of the Special Projects of National Significance (SPNS) program is to advance knowledge and skills through the support, development and evaluation of innovative models of HIV care for financially disadvantaged and medically underserved populations. The SPNS program, administered by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB), is part of the Ryan White Comprehensive AIDS Resources Emergency Act, also known as the CARE Act.

SPNS models of innovative care for HIV-positive patients have been designed to respond to the needs of the HIV epidemic. Currently, it is estimated that about 650,000 to 950,000 persons are infected with HIV and approximately 40,000 new infections occur every year in the United States. Only about one-third of HIV-infected adults are currently receiving regular or ongoing medical care for HIV infection. The most affected populations are traditionally underserved and hard-to-reach groups, particularly women, injection drug users and their heterosexual partners, gay and bisexual men of color and youth. HIV/AIDS is now most heavily impacting minority communities and individuals living in poverty.

SPNS response to the epidemic began in 1991 with some of the first Federal grants to target adolescents and women living with HIV. Today, a portfolio of 72 grants funded either solely by the HIV/AIDS Bureau or in partnership with other Federal agencies addresses the cutting-edge issues in HIV care.

The SPNS program is an integral link to

As CARE Act grantees develop innovative services, the SPNS program will provide the funding and technical assistance for grantees to evaluate innovations and disseminate findings to the HIV community.

Within each multi-site SPNS initiative, grantees focus their interventions on a specific population or treatment issue, either by implementing components of existing interventions or designing new models. These models are evaluated for effectiveness, efficiency, and replicability. An important corollary is an examination of the contextual issues that contribute to the success or failure of an intervention in a particular setting or with a particular population.

Evaluation of Models

The structure of most of the multi-site initiatives is designed to collect data and evaluate interventions across sites. The projects are grouped by type of intervention or topic (e.g., outreach, prevention) with the guidance of an evaluation center, whose

all CARE Act programs. While it provides an opportunity to develop and evaluate new services, the program places great emphasis on the dissemination of these services. SPNS promotes the dissemination and replication of effective models of care relevant to the present challenges of the epidemic. These models include the integration of HIV primary care services to the needs of individuals who present with multiple diagnoses such as substance abuse, mental health, and other psycho-social burdens that complicate the effective delivery of health care.

tasks include:

- facilitating cross-site evaluation, with technical assistance provided
- developing standardized data collection instruments
- assuring data quality
- disseminating findings
- and assessing policy implications of study findings.

Each grantee is required to participate in development of the evaluation plan for the overall initiative and most collect uniform data that can be analyzed and compared across programs. The SPNS initiatives have demonstrated that collaboration for multi-site evaluation of care programs is possible and rewarding, and that it requires time and effort on the part of all stakeholders: the evaluation centers, HRSA/SPNS, and the projects.

Current SPNS Initiatives

To date, SPNS sponsors a variety of demonstration programs, each with a set of unique, yet initiative specific goals and strategies designed to have the greatest impact on their respective targets. While SPNS has funded numerous innovative programs over the past decade, the table below summarizes eight initiatives that are currently funded through 2009.

Lessons learned from these and other initiatives are helping the HIV/AIDS Bureau develop effective strategies for addressing the demand for HIV services among underserved infected populations.

Current priorities include:

US-Mexico Border: Demonstrating and evaluating models that advance HIV service innovation along the US-Mexico Border

Outreach: Evaluating effective outreach strategies for bringing individuals into HIV primary care treatment

Information Technology:

Assessing and evaluating the use of information technology to improve HIV medical care

American Indian/Alaska Native:

Supporting the coordination and integration of existing services for Native Americans/Alaska Natives living with HIV and other co-morbidities

Caribbean:

Improving care and treatment of HIV-infected persons of Caribbean descent through culturally appropriate strategies

Prevention with Positives:

Assessing prevention strategies in primary care settings for HIV-positive persons

Buprenorphine:

Developing, implementing and evaluating innovative methods for integrating Buprenorphine Opioid Abuse Treatment in HIV primary care settings

Young MSM of Color:

Implementing and evaluating models of outreach, care and prevention targeted to young HIV seropositive men who have sex with men (YMSM) of color

Initiative	Topic	Grantees	Funding Period
Demonstration and Evaluation Models that Advance HIV Service Innovation Along the US-Mexico Border	US-Mexico Border	6	2000-2005

Targeted HIV Outreach and Intervention Model Development and Evaluation for Underserved HIV-Positive Populations Not in Care	Outreach	11	2001-2006
Evaluating the Impact of Information Technology on Improving Delivery and Quality of Care for HIV-Seropositive Individuals	Information Technology	6	2002-2006
American Indian/Alaska Native (AI/AN) Initiative	AI/AN	7	2002-2007
Models of Peer Support for Caribbeans Living in the U.S.	Caribbean	6	2003-2007
Prevention with HIV-Infected Persons Seen in Primary Care Settings	Prevention w/ Positives	16	2003-2007
An Evaluation of Innovative Methods for Integrating Buprenorphine Opioid Abuse Treatment in HIV Primary Care Settings	Buprenorphine	11	2004-2009
Outreach, Care, and Prevention to	Young MSM of Color	9	2004-2009

Engage HIV-Seropositive Young MSM of Color			
--	--	--	--

[Previous Page](#)

5

[Next Page](#)

2005 REPORT american indian / alaska native initiative

...continued from [page 3](#)

Na'Nizhoozhi Center, Inc (Gallup, NM)

Integrating HIV, Substance Abuse, and Mental Health Services at the Navajo Nation: A Project of the Four Corners American Indian Circle of Services Collaborative

Target Population: American Indian (primarily Navajo) substance users either at high risk for HIV infection because of sexual behaviors or American Indians already living with HIV infection

Goal: To screen persons at risk, to enhance services for HIV-positive clients (to include substance and mental health) and to reduce new HIV infection

Strategies: 1. A network of community agencies identified as experts in the area of substance abuse and mental health, a partnership named the Four Corner

The Healing Lodge, Native American Interfaith Ministries (Pembroke, NC)

Southeastern NC American Indian HIV/AIDS Project

Target Population: American Indians residing in Robeson County, NC, who have or are at high risk of having HIV

Goal: 1. Increase accurate knowledge in the community about HIV/AIDS; 2. Increase HIV testing within the target population; 3. Improve service infrastructure and increase the capacity of

Collaborative or 4CC; 2. Train health care providers in case management, screening, counseling, and HIV testing

Evaluation: The project will complete comprehensive process and outcome evaluation via a partnership with the Public Health Program at the University of New Mexico

Contact Information:

Kevin Foley, PhD, Project Director
2205 East Boyd
Gallup, NM 87301
E-mail: kfoleyphd@hotmail.com
Phone: 505-722-2177

the community to focus on HIV/AIDS intervention and services; 4. Decrease the amount of time from HIV diagnosis to engagement in treatment; 5. Improve the ability of the community to provide culturally competent health interventions and services

Strategies: 1. Develop a coordinated network/hub of culturally-based services to include counseling, testing, and referral services (CTRS), a Healing Lodge, and local religious ministries conducted by lay and clergy leaders; 2. Outreach, education, and dissemination activities to bring new participants into the Healing Lodge and help link them with necessary services; 3. Faith-based training of ministers and lay leaders

Evaluation: Formative and summative evaluation will be conducted with a focus on the goals cited above

Contact Information:

Bruce Swett, Acting
Principal Investigator
450 Prospect Road
Pembroke, NC 28372
E-mail:

2005 REPORT american indian / alaska native initiative

South Puget Intertribal Planning Agency, SPIPA (Shelton, WA)

Expanding the Circle of Care

Target Population: Community members of the Squaxin Island, Nisqually, and Shoalwater Bay Tribes of Washington State

Goal: 1. Increase the number of HIV-positive American Indians who are receiving comprehensive and culturally relevant care; 2. Increase the number of tribal members who know their HIV status; 3. Increase awareness of HIV risk factors

Strategies: 1. Facilitate the entry into comprehensive HIV primary care through the use of Tribal HIV/AIDS Advocates who provide outreach and referrals to care services; 2. Develop an education/outreach campaign for youth and a "Prevention for Positives" campaign for individuals living with

Urban Indian Health Board (Oakland, CA)

Holistic Native Network

Target Population: HIV-infected Native Americans in the San Francisco Bay area

Goal: Increase adherence to HIV and substance abuse/mental health treatment plans and increase use of services used by Native Americans unaware of their HIV status

Strategies: Develop an integrated health care system to provide case management, Holistic HIV mental health services, and

HIV/AIDS; 3. Sponsor community events such as tribal health fairs and festivals, which include HIV counseling and testing

Evaluation: Project evaluation activities will focus on changes in tribal community knowledge, attitudes, beliefs, and behaviors over time through annual community surveys and focus groups, in addition to tracking of group and outreach activities

Contact Information:

Carmen Kalama, Project Director
2970 SE Old Olympic Hwy
Shelton, WA 98584
E-mail: kalama@spipa.org
Phone: 360-426-3990

psychotherapy/counseling

Evaluation: Evaluation activities will focus on increased use of health services, increased service coordination, reduction in risky behaviors, and improved quality of life of participants

Contact Information:

Ethan Nebelkopf, PhD,
Principal Investigator
3124 International Blvd
Oakland CA 94601
E-mail:
ethann@nativehealth.org
Phone: 510-535-4440

[Previous Page](#)

7

[Next Page](#)

8

2005 REPORT american indian / alaska native initiative

**Yukon Kuskokwim Health Corporation
(Bethel, AK)**

Circle of Care HIV/AIDS Project

Target Population: Alaska
Native/American Indian individuals 18-64

**University of
Oklahoma (Norman,
OK)**

*National American
Indian/Alaska Native
HIV/AIDS Technical*

years old

Goal: 1. Increase the number in the target population who know their HIV status; 2. Increase adherence to HIV treatment; 3. Increase the knowledge and skill level of health care workers; 4. Create community awareness of HIV/AIDS issues

Strategies: HIV testing and counseling, training of health care workers, a community-wide education and media campaign including radio PSA's, posters, brochures, and presentations, and development of collaborations between agencies and other resources

Evaluation: The project will collect village knowledge, attitudes, and beliefs about HIV and HIV testing by implementing a community survey

Contact Information:

Andrea Savage, MPH, MSW, Project Coordinator
P.O. Box 528
Bethel, AK 99559
E-mail: andrea_savage@ykhc.org
Phone: 907-543-6941

Assistance Center

Goal: To assist the AI/AN grantees with program evaluation, data management, data analysis, and dissemination of findings

Strategies: 1. Coordination of the initiative via annual meetings, site visits, a web page, and telephone communications; 2. Assistance with local needs assessment, development of logic and service delivery models as well as IRB protocols, and data analysis; 3. Assist in the development of local research questions and measurement issues with a focus on removing barriers to HIV primary care and identifying the best models for integrative care; 4. Host grantee meetings with a focus on skills building in the areas of program evaluation, IRB protocols, use of health and social theory in model design, and dissemination of local project activities; 5. Dissemination of outcomes, lessons learned, and best practice findings

Evaluation: Evaluation

will include assessment of barriers and challenges faced by each grantee in addition to a multi-site evaluation of common outcome variables

Contact Information:

Morris Foster, PhD,
Principal Investigator
Univeresity of Oklahoma
Department of
Anthropology
3200 Marshall Avenue
Norman, OK 73069
E-mail: [moris.w.foster-1@ou.edu](mailto:morris.w.foster-1@ou.edu)
Phone (405) 325-0442